

**STATE OF SOUTH CAROLINA**

**(Caption of Case)**

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

**Errands Transportation Service**

**605 D Gardner Blvd**

**Holly Hill, SC 29059**

**BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA**

**TRANSPORTATION COVER SHEET**

**DOCKET**

**NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

**Submitted by:** Kayla Gilliard

**Telephone:** 8039710210

**Address:** P.O. Box 332

**Fax:** \_\_\_\_\_

Holly Hill, SC 29059

**Other:** \_\_\_\_\_

**Email:** errandstranspo@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

**NATURE OF ACTION (Check all that apply)**

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☒ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: \_\_\_\_\_

**RECEIVED**  
AUG 11 2020  
PSC SC  
CLERK'S OFFICE

**RECEIVED**  
PUBLIC SERVICE  
COMMISSION  
2020 JUL 28 PM 1:41

*JS*

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER**

**CLASS C - NON-EMERGENCY**

Date: 03/16/2020

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Errands Transportation Service, **LLC**  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name)

605 D Gardner Blvd Holly Hill, SC 29059

Street Address of Applicant

P.O. Box 332 Holly Hill, SC 29059

Mailing Address of Applicant (if different from street address)

803-971-0210

Phone

Fax

errandstranspo@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	N/A	Mortgage/Loan on Real Estate	N/A
Value of Motor Vehicles	N/A	Loans Owed on Motor Vehicles	N/A
Cash on Hand	N/A	Business/Other Loans Owed	N/A
Cash in Bank	1137.45	Other Liabilities or Debts	N/A
Value of Other Assets and Equipment	N/A	<b>Total Liabilities</b>	0
<b>Total Assets</b>	1137.45		

#### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 1.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

### Proposed Rates and Charges:

Weekday: Ambulatory – \$1.30 - \$1.45 per mile

Holiday Pay Rate \$1.50 - \$1.85 per mile

Weekday: Wheelchair – \$1.50 - \$1.85 per mile

Holiday Pay Rate \$1.90 - \$2.05 per mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL CHAIR LIFT
Ford	2005 Focus	1FAFP34N55W205594		NO
DODGE	2000 GRCARSE	2BGP44G6YR512689		YES

## INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

KAYLA GILLIARD

Name of Applicant

605 D Gardner Blvd Holly Hw, SC 29059

Address of Applicant

**Amount of Premium:**

Liability Insurance \$ 1,000,000

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

See Attached  
Quote  
Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	1
Medical Payments per Person	\$ 1,000	1

Kiely Hines & Associates

Name of Insurance Company

6100 Dutchmans Lane Louisville, KY 40205

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).



8888 Keystone Crossing Ste. 710, Indianapolis, IN 46240  
Phone: (317) 810-0722 OR (800) 833-9443 Fax: (317) 810-0723

TO: Kiely, Hines & Associates Insurance Agency, Inc.  
RE: Errands Transportation Service LLC

DATE: 4/14/2020  
Page 1 of 2

**WE ARE PLEASED TO OFFER THE FOLLOWING QUOTATION:**

**LOCATION(S) OF RISK:**

1. 605 Gardner Blvd #D, Holly Hill, SC 29059

**PROPOSED EFFECTIVE PERIOD:** 04/14/2020 AT 12:01 AM TO 04/14/2021 AT 12:01 AM STD TIME AT RISK LOCATION.

**FORM OF COVERAGE:** COMMERCIAL GENERAL LIABILITY OCCURRENCE

**APPLICATION NO:** APP9464235

**INSURER(S):**

Line Of Business	Supplier(s)	Participation
Commercial General Liability	Atain Specialty Insurance Company	100.00 %

**LIMITS / DEDUCTIBLES:**

Loc	Sub Coverage	Limit(s)	Deductible(s)	Co Ins
1	General Aggregate	\$2,000,000		
1	Products and Completed Operations	\$2,000,000		
1	Each Occurrence	\$1,000,000		
1	Personal and Advertising Injury	\$1,000,000		
1	Medical Expense / Any One Person	\$5,000		
1	Damage to Premises Rented to You / Each Occurrence	\$100,000		
1	Professional Liability / Prof Liab Occurrence	\$1,000,000		
	Professional Liability / Prof Liab Aggregate	\$2,000,000		
1	Sexual and Physical Abuse / Occurrence	\$25,000		
	Sexual and Physical Abuse / Aggregate	\$50,000		

**TOTAL CHARGES:**

Premium:	\$	100.00	Additional Insured (Fully Earned)
Premium:	\$	1,350.00	Commercial General Liability
Fee:	\$	150.00	Policy Fee (Fully Earned)
Tax:	\$	96.00	Surplus Lines Tax - GenLiab
<b>TOTAL:</b>	<b>\$</b>	<b>1,696.00</b>	

**100% MINIMUM & DEPOSIT**

**TERM MINIMUM PREMIUM:**

25.00 % EARNED (Except When Fully Earned)  
MINIMUM PREMIUM = \$437.50

**COMMISSION:** 10.00 % OF PREMIUM

**EXCLUSIONS:**

**ENDORSEMENTS:**



8888 Keystone Crossing Ste. 710, Indianapolis, IN 46240  
Phone: (317) 810-0722 OR (800) 833-9443 Fax: (317) 810-0723

**TO:** Kiely, Hines & Associates Insurance Agency, Inc.  
**RE:** Errands Transportation Service LLC

**DATE:** 4/14/2020  
Page 2 of 2

**Mandatory Forms:**

UNLPF-D-1L (09/11) Commercial General Liability Supplemental Declarations  
CG 0001 (04/13) Commercial General Liability Coverage  
AF001007 (09/16) Combined Coverage and Exclusion endorsement  
CG 0300 (01/96) Deductible Liability Insurance  
CG 2107 (05/14) Exclusion access or disclosure of confidential or personal information  
CG2132 (05/09) Communicable Disease Exclusion  
CG 2167 (12/04) Fungi or Bacteria Exclusion  
CG 2170 (01/15), or Accepted Terrorism Coverage  
CG 2173 (01/15) Rejected Terrorism Coverage  
CG 2139 (10/93)\* Contractual Liability Limitation  
AF000839 (04/16) Employees, Independent Contractors, Leased Workers, Volunteers  
AF000871 (07/12) Maximum Limit of Insurance  
AF000873 (07/12)\*\* Known Injury or damage Exclusion – Personal and Advertising injury  
AF00899 (03/14) Amendment – Aircraft, Auto or Watercraft  
AF000943 (07/12) Exclusion – Physicians, Nurses, Psychologists/mental health counselor  
AF001396 (07/12) Infringement, Misappropriation and Unfair Competition Exclusion  
AF001401 (06/16)\*\*\* Damage To Premises Rented to You Limitation  
AF001707 (03/13) Amendment of Non Payment Cancellation Condition  
AF001729 (04/16) Exclusion – State of Missouri  
AF001752 (08/16) Americans with Disabilities Acts and Discriminations Exclusion  
AF3378 (01/15) Amendment of Section IV Conditions  
AF33510 (08/12) Classification Limitation  
AF0044(07/12) Sexual and/or Physical Abuse Liability Coverage Form  
AF3369 (07/12) Occupational/Environmental Disease Exclusion  
CG 2010 Additional Insured

**CONDITIONS:** PLEASE REVIEW THIS CAREFULLY AS IT MAY DIFFER FROM COVERAGES AND LIMITS REQUESTED.  
Rated as class code 40031 2 units, 1 additional insured

Subject To:  
Completed, Signed, & Dated Application  
Completed, Signed & Dated Terrorism Acceptance/Rejection  
Current MVR's for ALL drivers  
3 Year Loss Runs (if available)  
AL limits equal to GL

THE ABOVE COVERAGES ARE THE ONLY COVERAGES OFFERED. ANY COVERAGE REQUESTED IN THE APPLICATION THAT DIFFERS FROM THE ABOVE IS NOT INCLUDED. THE INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS, LIMITATIONS, AND FORMS OF THE POLICY(S) IN CURRENT USE BY THE COMPANY.

**PAYMENT:** \$1,551.00 DUE IN 30 DAYS FROM EFFECTIVE DATE.

**WE APPRECIATE YOUR BUSINESS. NO BINDING AUTHORITY IS CONVEYED TO ANY AGENT.  
FLAT CANCELLATIONS NOT ALLOWED. QUOTATION IS GOOD FOR 30 DAYS.**

**B&W PRODUCER:** Andrew T Dean

**Exhibit Fit, Willing, and Able (FWA)**

Kayla Gilliard  
Name

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1. Is there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

N/A

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Applicant's Signature

Director of Operations  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Orangeburg )

SWORN TO BEFORE ME  
This 23 day of July, 20 20

  
Notary Public

Commission Expires 05-08-2028



Print Application

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

Errands Transportation Service, LLC, a limited liability company duly organized under the laws of the State of South Carolina on March 7th, 2019, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 7th day of March, 2019.

  
Mark Hammond, Secretary of State